

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

10748071

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	X	X				
11		/				
12		/				
13		/				
14		/				
15		/				
16	X	X				
17		/				
18		/				
19		/				
20	X	X				
21	X	X				
22		/				
23		/				
24		/				
25		/				
26		/				
27	X	X				
28		/				
29		/				
30		/				
31		/				
32	X	X				
33		/				
34		/				
35		/				
36		/				
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43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	85					
TOTAL CLAIMS	89					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						